

FEE DETERMINATION  
O.I.P.E. CLASSIFIER  
FORMALITY REVIEW  
RESPONSE FORMALITY REVIEW

ID NO.

DATE

### INDEX OF CLAIMS

|   |                               |   |              |
|---|-------------------------------|---|--------------|
| ✓ | Rejected                      | N | Non-elected  |
| = | Allowed                       | I | Interference |
| - | (Through numeral)... Canceled | A | Appeal       |
| ÷ | Restricted                    | O | Objected     |

| Claim            | Date      |
|------------------|-----------|
| 1 Final Original | < 2/16/04 |
| 1                |           |
| 2                |           |
| 3                |           |
| 4                |           |
| 5                |           |
| 6                |           |
| 7                |           |
| 8                | ✓         |
| 9                | ✓         |
| 10               | ✓         |
| 11               |           |
| 12               | ✓         |
| 13               | ✓         |
| 14               | ✓         |
| 15               | ✓         |
| 16               | ✓         |
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| 25               | ✓         |
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| 27               |           |
| 28               | ✓         |
| 29               | ✓         |
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| 37               | ✓         |
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| 41               | ✓         |
| 42               | ✓         |
| 43               | ✓         |
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| 45               | ✓         |
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| 47               | ✓         |
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| Claim | Date |
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| Claim | Date |
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| 149   |      |
| 150   |      |

If more than 150 claims or 10 actions,  
staple additional sheet here

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